

# THE STATE BAR OF CALIFORNIA

OFFICE OF FINANCE / MBS

## CREDIT CARD PAYMENT AUTHORIZATION FORM

- **Individual member:** Complete and fax this form
- **Multiple members** (firms & agencies): Complete and fax one form for each member
- **Fax:** (415) 538-2361

**Questions?** call (415) 538-2360 or email: [billing@calbar.ca.gov](mailto:billing@calbar.ca.gov)

### Required Member Information:

State Bar Member Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Note: If you wish to update your official mailing address and contact information, please go to State Bar's web site, [www.calbar.ca.gov](http://www.calbar.ca.gov), and log on to My State Bar Profile to update your address.

### Credit Card Payment Information:

Note: The State Bar accepts only Visa and MasterCard payments.

☐ Visa

☐ MasterCard

Card #: \_\_\_\_\_ Expires (MM/YY): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: (Street Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

By my signature below, I hereby authorize The State Bar of California to charge this Visa or MasterCard account for membership fees of other State Bar related items as I have directed, in the amount of:

TOTAL:

\$

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Any Credit Card Authorization Forms and Payment Requests received after 3:30 pm PST will be processed the following business day.

### For State Bar Use Only:

Date: \_\_\_\_\_ Payment completed by: \_\_\_\_\_